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** CONTINUING DATA *****
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** FOREIGN APPLICATIONS *****
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35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>Bridget F. Bunner</i>	INITIALS <i>BOB</i>		
Verified and Acknowledged				

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TITLE
 METHOD FOR TREATMENT OF RENAL FAILURE AND OCCLUSIVE LESION OF BLOOD VESSELS BY CONTINUOUS
 ADMINISTRATION OF HEPATOCYTE GROWTH FACTOR

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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